



**Connecticut Psychiatric Society**

*A District Branch of the  
American Psychiatric Association*

This statement is being submitted on behalf of the Connecticut Psychiatric Society in opposition to House Bill 6391 - An Act Concerning the Practice of Advanced Practice Registered Nurses

In arguments to remove the collaboration requirement, we have been hearing that nurses are not being allowed to practice to the full extent of their training because they are required to collaborate.

Collaboration with physicians is central to the practice of nursing. Their training is based on working with collaborating physicians.

Collaboration is a part of routine practice among every member of the health care team in most settings. New models of care such as accountable care organizations, medical and mental health homes, and integrated care concepts, are all based on collaboration.

The difficulty that some nurses say they have experienced in regard to obtaining doctors to collaborate with them is only applicable to the freestanding outpatient settings, where nurses set up an independent practice. We would argue that this is the exact setting that requires collaboration with a physician. The freestanding, private practice office in the community is the one place that nurses would not be working in teams with other health professionals, and it is the setting where the most liability is incurred.

I would also add that the Connecticut Psychiatric Society has for many years maintained a database of psychiatrists willing to collaborate with nurses. We have received very few calls, none that anyone can remember in the last couple of years.

If a nurse, whose judgment I trust and with whom I have long experience, indicated to me a desire to practice independently in the community and prescribe medications, I would agree to collaborate with that nurse, as long as I trusted the nurse's clinical judgment, and I trusted that the nurse would contact me routinely, especially if there were issues such as managing difficult patients, medication side effects, or medical causes of mental illness.

We don't have a way of assessing nurses' ability to practice independently. Unlike physicians, nurses don't pass four years of rigorous residency training, under direct supervision of experienced physicians, and they don't take national medical board exams to show that they have the knowledge needed to practice medicine independently. Also, requiring nurses to continue a collaborative relationship with a physician offers some protection, but not total protection, for the nurses and for the public.

It has been suggested that removing the physician collaboration requirement for nurses in community private practices will improve access to treatment for mental illness. We find two weaknesses in that argument. The first is that nurses are choosing to open practices in the community already, and it is the ease of setting up these practices that they wish to change. Removing the requirement for collaboration with a physician will not result in greater access to care. Second, adult patients, adolescents, and children with serious mental health problems really need to see psychiatrists, but might be referred instead to unsupervised nurses in the community who do not collaborate with a psychiatrist. Therefore, it will actually take longer for these very sick patients to get access to the level of care that they need.

In conclusion, we really hope that someday care is delivered efficiently and effectively by all level of practitioners, as part of a comprehensive health care team, which is the future of health care. Removing the requirement for nurses to collaborate with physicians will contribute to fragmented, and potentially unsafe, health care.